

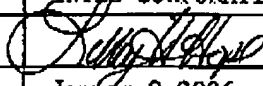



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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	10/007,082	
	Filing Date	December 6, 2001	
	First Named Inventor	Linden Mimick	
	Art Unit	2151	
	Examiner Name	Madamba, G.	
Total Number of Pages in This Submission	14	Attorney Docket Number	42390P12249

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">- Certificate of Facsimile - RCE Transmittal</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Libby H. Hope, Reg. No. 46,774 INTEL CORPORATION
Signature	
Date	January 9, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Libby H. Hope		
Signature		Date	January 9, 2006

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<b>FEE TRANSMITTAL for FY 2005</b>		<i>Complete if Known</i>	
<i>Please fees are subject to annual revision.</i>		Application Number	10/007,082
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 6, 2001
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 790.00		First Named Inventor	Linden Minnick
		Examiner Name	Madamba, G.
		Art Unit	2151
		Attorney Docket No.	42390P12249

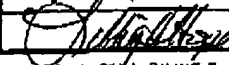
  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0221   Deposit Account Name: INTEL CORPORATION	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

<b>FEE CALCULATION</b>																																																																																																																																																									
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Total Claims: 28   Extra Claims: 28   Fee from below: 50.00   Fee Paid: 50.00 Independent Claims: 3   Fee from below: 200.00   Fee Paid: 200.00 Multiple Dependent: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202 25 Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201 100 Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>380</td> <td>2203 180 Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204 150 *Reissue Independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205 150 **Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: center;">(5) 0.00</td> </tr> </tbody> </table>	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	50	2202 25 Claims in excess of 20		1201	200	2201 100 Independent claims in excess of 3		1203	380	2203 180 Multiple Dependent claim, if not paid		1204	300	2204 150 *Reissue Independent claims over original patent		1205	300	2205 150 **Reissue claims in excess of 20 and over original patent		SUBTOTAL (1)			(5) 0.00																																																																																																																												
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<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	Libby H. Hope	Registration No. (Attorney/Agent)	46,774
Signature		Telephone	(949) 498-0601
		Date	01/09/06

Based on PTO/SB/17 (12-04) as modified by Eshelby, Sokoloff, Taylor & Zeltman (w/12/13/2004).  
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